

Docket No. 0624-4129

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue of: U.S. Patent No. 5,599,804

Inventor: Laurence C. Mudge

Serial No.: 10/849,509

Art Unit: 1616

Filed: May 19, 2004

Examiner: Alton N. Pryor

For: **FUNGICIDAL COMPOSITIONS FOR
THE ENHANCEMENT OF TURF QUALITY**

PETITION AND FEE FOR EXTENSION OF TIME (37 C.F.R. § 1.136(a))

Mail Stop _____
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

1. This is a petition for an extension of time for TWO MONTHS.
2. The communication in connection with the matter for which this extension is requested
☒ is filed herewith.
☐ has been filed on _____.

3. ☐ Applicant(s) is/are entitled to Small Entity Status.
☐ Statement has already been filed

4.

	<u>Total Months Requested</u>	<u>Fee for Other than Small Entity</u>	<u>Fee for Small Entity</u>
a. <input type="checkbox"/>	one month	\$120.00	\$60.00
b. <input checked="" type="checkbox"/>	two months	\$450.00	\$225.00
c. <input type="checkbox"/>	three months	\$1,020.00	\$510.00
d. <input type="checkbox"/>	four months	\$1,590.00	\$795.00
e. <input type="checkbox"/>	five months	\$2,160.00	\$1,080.00
f. <input type="checkbox"/>	An extension for _____ months has already been secured for filing the above-identified communication and the fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested. The fee for this extension (\$_____), minus the fee previously paid (\$_____) equals \$_____ (total fee due).		

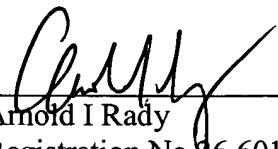
5. ☐ A check in the amount of \$_____ to cover the extension fee is attached.

6. ☒ Charge fee to Deposit Account No. 13-4500, Order No. 0624-4129. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
7. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required by this paper, or credit any overpayment to Deposit Account No. 13-4500. Order No. 0624-4129. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

Respectfully submitted,
MORGAN & FINNEGAN, L.L.P.

Dated: December 27, 2005

By: _____


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